

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003556

FILED
Apr 20, 2006
Secretary of State

Entity Name: EAGLE POINT COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

5522 N NW 43RD STREET
GAINESVILLE, FL 32653 US

New Principal Place of Business:

5522 N NW 43RD STREET
SUITE B
GAINESVILLE, FL 32653 US

Current Mailing Address:

5522 N NW 43RD STREET
GAINESVILLE, FL 32653 US

New Mailing Address:

5522 N NW 43RD STREET
SUITE B
GAINESVILLE, FL 32653 US

FEI Number: 59-3425410

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TENAGLIA, RICHARD A
C/O BOSSHARDT PROPERTY MGT
5522 B NW 43RD STREET
GAINESVILLE, FL 32653 US

Name and Address of New Registered Agent:

RHINESMITH, PATRICIA
C/O BOSSHARDT PROPERTY MGT
5522 NW 43RD STREET SUITE B
GAINESVILLE, FL 32653 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PATRICIA RHINESMITH

04/20/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JOHNSON, LEVI
Address: 9015 NW 9TH LANE
City-St-Zip: GAINESVILLE, FL 32606

Title: TD () Delete
Name: BRACKINS, TORI
Address: 1004 NW 90 DRIVE
City-St-Zip: GAINESVILLE, FL 32606

Title: VPD () Delete
Name: CHOBA, CHUCK VD
Address: 1009 NW 90TH DR
City-St-Zip: GAINESVILLE, FL 32606

Title: D () Delete
Name: MITZI, DERRY
Address: 1044 NW 90 DR.
City-St-Zip: GAINESVILLE, FL 32606

Title: D () Delete
Name: MCNEIL, JUDY
Address: 1323 NW 89TH TERR
City-St-Zip: GAINESVILLE, FL 32606 US

Title: SD () Delete
Name: WAGNER, BRANDON
Address: 1524 NW 89 AVE.
City-St-Zip: GAINESVILLE, FL 32606 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEVI JOHNSON

PD

04/20/2006

Electronic Signature of Signing Officer or Director

Date